



State of New Hampshire 2005 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2005

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/17/2005

Business ID: 143685

William M. Gardner

Secretary of State

DJB CORPORATION, INC.

15 BIRCH HILL DR
NASHUA, NH 03063

ADDRESS OF PRINCIPAL OFFICE:

15 BIRCH HILL DR
NASHUA, NH 03063

REGISTERED AGENT AND OFFICE:

DOUGLAS J BRENNER
15 BIRCH HILL DR
NASHUA, NH 03063

ENTITY TYPE: CORPORATION

BUSINESS ID: 143685

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 020433579

DEAL IN STORE SELLING KITCHEN CABINETS, BATHROOM
VANITIES & COUNTERTOPS

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. DOUGLAS BRENNER

STREET 15 BIRCH HILL ROAD

CITY/STATE/ZIP NASHUA NH 03063

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. CHERYL WILLAN

STREET 3 JOEY ROAD

CITY/STATE/ZIP MERRIMACK NH 03054

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

DOUGLAS BRENNER

Please print name and title of signer:

DOUGLAS BRENNER

/

PRESIDENT

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529